



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dlp.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

August 18, 2014

Ms. Jayne Placey, Administrator
Hill Street
201 Hill Street
Barre, VT 05641

Dear Ms. Placey:

The Division of Licensing and Protection completed the unannounced investigation of two facility self-reports at your facility on **August 11, 2014**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **August 31, 2014**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.



If you disagree with the existence or accuracy of a deficiency, please provide comments in the space provided beneath the deficiency statement.

You may also request an informal review of all or part of the contents of the notice at any time prior to **August 31, 2014** by calling Frances Keeler, RN, MSN, DBA, Assistant Division Director, or Clayton Clark, Division Director at (802) 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 871-3350.

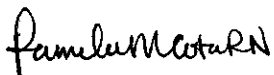
The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **August 31, 2014**.

Appeals

As noted above, you may seek an informal review from Frances Keeler, RN, MSN, DBA, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 14-16 Baldwin Street, Montpelier, VT 05633-2536. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN". The signature is written in a cursive, flowing style.

Pamela M. Cota, RN
Licensing Chief

PC:jl



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September 11, 2014

Ms. Jayne Placey, Administrator
Hill Street
201 Hill Street
Barre, VT 05641

Dear Ms. Placey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 11, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0378	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/11/2014
NAME OF PROVIDER OR SUPPLIER HILL STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 201 HILL STREET BARRE, VT 05841			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments: The Division of Licensing and Protection conducted investigations of two facility self-reports on 8/11/14. A regulatory violation was cited as a result.	R100			
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to develop of a written plan of care for 1 of 4 residents (Resident #1), that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being. Findings include: Per record review on 8/11/14 at 9:23 AM, there is no plan of care to address Resident #1's behavioral needs. A 6/20/14 assessment by a Registered Nurse indicates that the resident is verbally abusive and socially inappropriate daily, is physically abusive less than daily with behaviors not easily altered. Review of staff progress notes indicated that Resident #1 has multiple incidents of crying, moaning and aggressive physical and verbal behaviors. The facility Administrator confirmed the lack of a care	R145	See attached plan of correction R145 P.O.C. accepted 9/4/14 by [signature]		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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P07S11

If continuation sheet 1 of 2

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0376	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/11/2014
NAME OF PROVIDER OR SUPPLIER HILL STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 201 HILL STREET BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R145	Continued From page 1 plan to address behaviors on 8/11/14 at 10:20 AM.	R145		

August 25, 2014

To whom it may concern,

The following is in response to the Plan of Correction required by the Hill St. Group Home as a result of the "unannounced investigation" on August 11, 2014.

R145-

The Administrator and Nursing RN will implement a clear specific written plan of care for any/all residents based on abilities and needs based on their residential assessments. This plan will describe the care and supports/services to provide well being of residents.

This will be done within the next 14 days.

Jayne Placey

A handwritten signature in black ink that reads "Jayne Placey". The signature is written in a cursive, flowing style.

Administrator Hill St. Group Home